

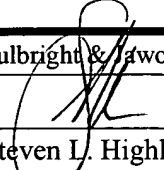
TRANSMITTAL FORM MAY 23 2005 RECEIVED JUDGE	Application Number:	09/780,575
	Filing Date:	February 9, 2001
	First Named Inventor:	Thomas J. Kodek
	Art Unit:	1639
	Examiner Name:	Bennett M Celsa
Attorney Docket Number:		UTSD:566US

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input checked="" type="checkbox"/> After Final
<input checked="" type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> References _____
<input type="checkbox"/> Certified Copy of Priority Documents
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application
<input type="checkbox"/> Reply to Missing Requirements
<input type="checkbox"/> Declaration(s) _____
<input type="checkbox"/> Copy of Notice of Missing Requirements | <input type="checkbox"/> Drawings(s) _____
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Statement under 37 CFR §3.73(b)
<input type="checkbox"/> Designation of Patent Practitioners
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Check in the amount of \$60.00
<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted
Deposit account number: <u>50-1212/UTSD:566US</u>
<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> Paper Copy of Sequence Listing
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<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> _____
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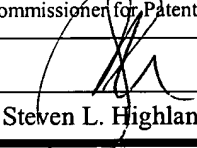
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	May 20, 2005		

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